

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001790

**FILED**  
**Feb 07, 2020**  
**Secretary of State**  
**4837886061CC**

**Entity Name:** PALM COAST PLANTATION HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**FEI Number: 56-2253374**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            PLUNZ, COLLEEN  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            PRESIDENT  
Name            MAGEE JR, FRANCIS R  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            VP  
Name            SOPER, DANIEL  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            TREASURER  
Name            KILEY, GARY  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            MEMBER  
Name            GERMAIN, ANDREW  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: FRANCIS MAGEE JR**

**PRESIDENT**

**02/07/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date